

APPLICATION FOR CERTIFICATE OF FINANCIAL RESPONSIBILITY

COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY APPLICATION FOR VESSEL CERTIFICATE OF FINANCIAL RESPONSIBILITY	GENERAL (PART 1 OF 4 PARTS) [check appropriate box] Initial certificate [] Renewal certificate []
1. (a) Legal name of applicant	INSTRUCTIONS Please type or print and submit this application to Director, Waste Program Coordination, Department of Environmental Quality, P. O. Box 10009, Richmond, Virginia 23240-0009. The application is in four parts: Part 1 - General; Part 2 - Evidence of Financial Responsibility; Part 3 - Declaration; Part 4 - Concurrence of Agent. Applicants must answer all applicable questions. If a question does not apply, answer A not applicable.® Incomplete applications will be returned. If additional space is required, supplemental sheets may be attached. All information must be provided in the English language.
(b) Trade name (if any)	
3. State applicant's legal form of organization, i.e., whether operating as an individual corporation, partnership, association, joint stock company, business trust or other organized group of persons (whether incorporated or not) or as a receiver, trustee, or other liquidating agent and briefly describe current business activities and length of time engaged therein.	
(a) If a corporation, association, or other organization, indicate:	
State in the United States, or foreign country, in which incorporated or organized	Date of incorporation or organization
(b) If a partnership, provide name and address of each partner:	
4. Name and address of applicant's Agent for service of process in Virginia.	

EVIDENCE OF FINANCIAL RESPONSIBILITY (PART 2 OF 4 PARTS)			
5. List all applicant's vessels which require Certificates of Financial Responsibility under 9 VAC 20-170. In column (d) indicate whether the applicant is both the owner and operator of the vessel.			
NAME OF VESSEL (a)	COUNTRY OF REGISTRY (b)	GROSS TONS (c)	Is applicant both owner and operator of the vessel? (Yes or No) (d)
(e) Complete this section if applicant answered "no" for any vessel in (d). If applicant is the vessel operator and not the owner for any vessel listed above in column (d), indicate the following for the vessel owner; If applicant is the vessel owner as defined in 9 VAC 20-170 and not the operator for any vessel listed above in column (d), indicate the following for the vessel operator:			
NAME OF VESSEL	OWNER OR OPERATOR	MAILING ADDRESS	

PART II (CONTINUED)			
6. Items 7 through 12 are methods of establishing financial responsibility. Check the appropriate box and complete only the items that are applicable to that financial responsibility mechanism.			
<input type="checkbox"/> Trust Agreement [Complete items 7 & 8]	<input type="checkbox"/> Surety Bond [Complete items 7, 9 & 10]	<input type="checkbox"/> Letter of Credit [Complete items 7, 11 & 12]	
7. Name and address (including a contact name) of applicant's trustee (a signed, original trust agreement in the form of Appendix I along with a statement from the trustee verifying deposit of funds must be filed with the Department before a Certificate will be issued. The verification statement is not necessary if the trust fund is established as a standby trust fund):			
8. Total fund balance: \$ _____			
9. Name and address (including a contact name) of applicant's surety (a signed, original surety bond in the form of Appendix II must be filed with the Department before a Certificate will be issued):			
10: Total amount of surety bond: \$ _____			
11. Name and address (including a contact name) of the issuer of the applicant's letter of credit (a signed, original letter of credit in the form of Appendix III must be filed with the Department before a Certificate will be issued):			
12. Total amount of letter of credit: \$ _____			
13. Items 14 through 21 are methods of establishing proof of liability coverage. Check the appropriate box and complete only the items that are applicable to that liability coverage mechanism.			
<input type="checkbox"/> Insurance Policy [Complete items 14 & 15]	<input type="checkbox"/> Trust Agreement [Complete items 16 & 17]	<input type="checkbox"/> Surety Bond [Complete items 16, 18 & 19]	<input type="checkbox"/> Letter of Credit [Complete items 16, 20 & 21]
14. Name and address (including a contact name) of applicant's insurer (a signed, original endorsement of insurance in the form of Appendix IV or a signed, original certificate of insurance in the form of Appendix V and a copy of the insurance policy must be filed with the Department before a Certificate will be issued):			
15. Total applicable policy limits: _____			

16. Name and address (including a contact name) of applicant's trustee *(a signed, original trust agreement in the form of Appendix VI must be filed with the Department along with a statement from the trustee verifying deposit of funds before a Certificate will be issued. A verification statement is not necessary if the trust fund is established as a standby trust fund):*

PART 2 (CONTINUED)

17. Total fund balance: \$ _____

18. Name and address (including a contact name) of applicant's surety *(a signed, original surety bond in the form of Appendix VII must be filed with the Department before a Certificate will be issued):*

19. Total amount of surety bond: \$ _____

20. Name and address (including a contact name) of the issuer of the applicant's letter of credit *(a signed, original letter of credit in the form of Appendix VIII must be filed with the Department before a Certificate will be issued):*

21. Total amount of letter of credit: \$ _____

DECLARATION (PART 3 OF 4 PARTS)

22. Applicant's mailing address (street, post office box, city, state or country, zip code.

24. Type or print in this space the name and title of the official who is signing this application:

25. Address of principal office in the United States:

23. Telefax number (area code and number):

26. Telephone number (area code and number):

<p>I declare that I have examined this application, including any accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</p> <p>I agree that in the event the agent designated in Item 4 of Part 1 above, or that agent's replacement as may be designated later with the approval of the Director, Department of Environmental Quality, cannot be served due to death, disability, unavailability, or similar event, the Director, Department of Environmental Quality, is considered the agent for service of process. I have signed this application in my capacity as an authorized official of the applicant, or, if acting under a power of attorney, pursuant to the power vested in me by the applicant as evidenced by the attached power of attorney.</p>	
DATE	SIGNATURE OF AUTHORIZED OFFICIAL
CONCURRENCE OF AGENT (PART 4 OF 4 PARTS)	
<p>PART 4 - A must be completed by the person designated in Item 4 of Part 1 to serve as applicant's Virginia agent for service of process. PART 4 - B must be completed by the applicant. Part 4 also need not be completed if the applicant is a Virginia entity and has appointed itself as agent in Item 4 of Part 1.</p>	
PART 4 - A	
<p>It is hereby agreed that _____</p> <p>shall serve as the applicant's Virginia agent for service of process for purposes of 9 VAC 20-170. This designation and agreement shall cease immediately in the event the applicant designates a new agent acceptable to the Director of the Department of Environmental Quality.</p> <p>Date: _____</p> <p>Signature of Agent: _____</p> <p>Title: _____</p> <p>Business Address: _____</p> <p>_____</p>	
PART 4 - B	

Name of applicant (from Item 1(a)): _____

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Signature of authorized official signing on behalf of applicant: _____

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[NOTE: The application must be accompanied by a written (Person signing here should also sign in appropriate statement providing authority to sign, where the signer is not place on Part 3) disclosed as an individual applicant, a partner in a partnership applicant, or a director or any other duly authorize officer of a corporate applicant.]

Date: _____

Type or Print Name and Title: _____

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END OF APPLICATION